°	tate of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>00094188</u>	<u>4</u>		
2. Exact Name of the Li	mited Liability Company <u>ELIZAB</u>	ETH PAQUIN DES	IGNS, LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found		y the entity. Download
<u>812990</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ted in Rhode Island
HOME STAGING INT	ERIOR RE-DESIGN, FURNITUR	E MAKEOVERS, (RGANIZATION
	CONSULTATIONS. ELIZABETH		
HOMEOWNERS TO PI MARKET.	REPARE THEIR HOUSE FOR SE	LLING IN THE REA	<u>AL ESTATE</u>
5. Principal Office Addre	SS		
-	5 PAINE STREET		
	ARWICK State: E	ZI Zip: <u>02889</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact	Person:
	TH PAQUIN Contact Title: OWNER	<u> </u>	
	<u>PAINE STREET</u> RWICK State: F	RI Zip: 02889	Country: USA
			,
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Ap	plicable.
Title	Individual Name	Ad	dress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ELIZABETH A PAQUIN 105 PAINE STREET WARWICK , RI 02889

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of October, 2018 at 9:59:07 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ELIZABETH PAQUIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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